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DELAYED MENOPAUSE.

Its Dangers and Therapeutic Indications.

*With a Table Showing the Approximate Age when the Menopause Should Be Established.**

By A. Ernest Gallant, M. D.,
New York,

Surgeon to the Baptist Deaconess Home and Training School; Surgeon in Chief to the Amity Dispensary and Jones Memorial Clinic; Consulting Surgeon, Jamaica Hospital, and the Eastern Long Island Hospital, Greenport, N. Y.

The menopause or cessation of menstruation in the healthy woman, like "grandfather's clock should stop short never to go again" at an age ratio dependent on the age of its inception, late if begun early, early if begun late; but as so few women who are free from symptoms and apparently healthy at "the change of life" apply for pelvic examination, accurate data on which to base the real, normal relation of the beginning and ending of the menses are extremely difficult to secure. I have therefore worked out the following table of "approximate ages" as a practical schedule for estimating the probable debut of the menopause and the age limit beyond which no woman should be permitted to go on menstruating without a thorough examination.

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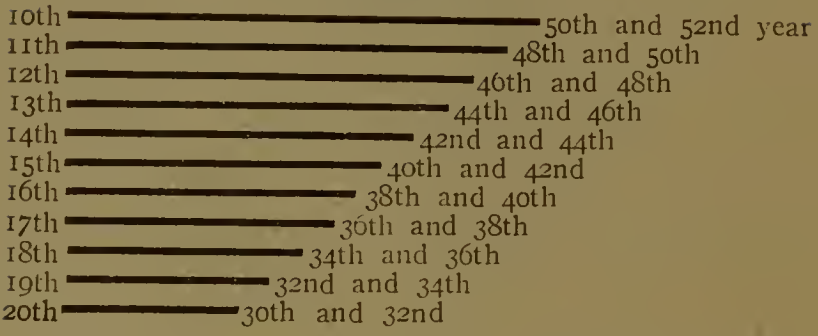
Approximate Age of the Menopause.

(Applies to women wholly free from pelvic troubles). Menses begun at the year should cease between:



These figures are intended to represent the age limit in women free from any pelvic disease, displacement, deformity, or disorder, and vary quite widely from the averages of E. Kriegar (quoted by Stark, *Surgery, Gynæcology, and Obstetrics,* January, 1910, p. 38).

Delayed Menopause. By this term is to be understood that in a woman who has reached the "approximate age" the menses continue, but deviate from her individual normal cycle in that she flows at shorter intervals for a longer time, with an increasingly excessive loss of blood at each period; flowing too often, too long, and too much, or the "change" may be gradual and linger over one, two, or more years. Such a change, at this particular age, indicates something wrong and demands a thorough pelvic examination, which will in most instances reveal neoplasm.

Among 3,700 patients seen by the writer in the gynæcological departments of the Roosevelt Hospital Outpatient Department, and the Northern Dispensary, there were 278 who had reached or passed the menopause, and of these but 154 who could recall their ages when menstruation began and ended.

Of the latter number, seventy-three, or forty-eight per cent., the menopause had been delayed beyond the approximate age and in

3 cases of carcinoma uteri, an average of.....	7.0	years
17 cases of flexion, version, or fixation, ...	6.5	years
15 cases of prolapsed uterus, vagina, and bladder	6.2	years
4 cases of late recurrence of the flow.	10.75	years
39 cases, a total of 266 years, or an average of	7.0	years

Of the same 3,700 females, there were 484 over thirty-five years of age; 150 having passed the approximate age by a total of 837 years or an average of 5.6 years and all were subject to one or other form of atypical menstruation, amply justifying them in seeking relief from the burden of delayed menopause.

In this same series of 3,700 cases it may be of interest to note that the earliest menstruation was at nine years and ten months; the latest in two at thirty and one at thirty-seven years each flowing for a few hours, very scantily, only. The shortest duration of menstrual life was in one case eleven years (eighteenth and twenty-sixth years) and the longest from the fourteenth to the fifty-eighth years, or forty-four years.

Danger Signals. With the approximate age as the semaphore, the red signal of erratic excessive irregular menstruation, or the pale greenish light of a malodorous leucorrhœa, set to warn the physician to "slow up" and the woman to "show up" that he may ascertain the cause, ere her groans of anguish proclaim disaster, and he find that the disease has already advanced beyond the curable stage. The terrible import of this danger was indelibly impressed on my mind when after a year (1892) as interne in the New York Cancer Hospital, I noted that of the fifty cases operated in for carcinoma

uteri, but nine were suitable for hysterectomy; three for exploratory cœliotomy, without removal of anything; and for the remaining thirty-eight cases nothing could be done other than to curet, scrape, and cauterize the cervix and interior of the uterus, simply as palliative measures. Just think of it—forty-one women, eighty-two per cent.—doomed to die within a year, and largely owing to their own misguided efforts to hide their suffering and sorrow from physician, family, and friends, until too late.

It is in these incurable cases that a *masterly operative inactivity* will best conserve the comfort and life of the patients (if that be desirable), especially if we apply acetone directly to the excavated cervix, or after scraping away the cauliflower mass, as suggested by Gellhorn (*Münchener medizinische Wochenschrift,* December 17, 1907), for by this means the bleeding can be controlled, the malodorous discharge abated, the pain numbed to a remarkable degree, and the growth inhibited, even though the disease is not controlled as in the following case:

Case I.—Mrs. C. (46)[1], aged forty years; menses at eleventh year; regular up to about her thirty-ninth year. During the past year she had been flowing profusely for ten to twelve days, at intervals of two to three weeks; with suprabubic pain and bleeding after connection. At the Deaconess Home, chloroform examination showed a large ragged cervix, excavated well up into the cavity of the uterus, infiltrated well outward to the left pelvic wall, and extending down on the anterior and posterior vaginal walls, to such an extent as to preclude any hope of complete removal. In spite of the wishes of relatives, I refused to operate. Acetone was applied thoroughly to the raw surfaces, from time to time, and accomplished all that Gellhorn claimed for this method. Later she was transferred to a home for incurables and died December 19, 1909, just twelve days less than a year from the time when first examined.

[1]Alphabetical index number, to facilitate the identification, and preclude the duplication of cases by the author and prevent the discovery of the identity of the patient by outsiders.

How is it that so many unfortunate women are permitted to reach advanced benign or malignant uterine disease? Delay!

The dangers incident to delay can best be illustrated by the following cases taken from our private records.

First Danger: Delay in consulting a physician. Many women through ignorance, false modesty, fear of examination, fear of learning the truth, or a wish to hide their condition and suffering from loved ones postpone going to a doctor until too late, as in the following case:

CASE II.—Carcinoma of uterus and anterior vaginal wall. Mrs. McC. (16), fifty-five years. Patient of Dr. James Campbell. Had had hæmorrhage and discharge for a long time. Anterior vaginal wall to the vulva thick and infiltrated; the cervix a cone shaped shell had been excavated by the degeneration of the growth. Rectum not involved. Broad ligament on the right thickened outward to the pelvic wall, the left less so. Complete removal impossible. Treatment: The softened material was scraped away, and part of the cervical shell was cut away. Vagina packed with iodine gauze.

Of this advanced variety of incurables we have come in personal contact with nearly one hundred cases, some of course varying in that the vagina was filled with a cauliflower growth, the rectum, bladder, and vulva more or less involved, but all hopeless so far as any real curative treatment was concerned.

Second Danger: Delay due to absence of urgent symptoms.

CASE III.—Malignant ovarian cystoma. Mrs. R. (22), patient of Dr. James Campbell; æt. forty-two years; menstruated at sixteen, regular ever since, (menopause delayed two years) as to time and quantity. For the past three months her abdomen had rapidly grown larger; backache when lying down; pain on the right and centre of abdomen. Her weight had diminished from 175 to 140 pounds. A firm tumor filled the lower left quadrant, up to the umbilicus, the small uterus was pushed against the

symphysis to the right. Diagnosis: Fibroma or cystoma. March 15, 1910, at St. Elizabeth's Hospital, a large multilocular, ovarian cyst was evacuated of several pints of clear fluid, and the sac removed. In one compartment was found a thick, viscid fluid, and on its interior a number of papillomata. Her convalescence was without notable event, but what of the prognosis?

Third Danger: Delaying examination. Not infrequently the physician failing to appreciate the gravity of the situation, temporizes, permitting the malignant growth to advance to a formidable degree, and thereby lessens the chances of removal and cure as in—

Case IV.—Mrs. L. (26), sixty-eight years old. Her menses did not cease until some time after her fiftieth year. Since September 25, 1909, backache and flowing off and on, with malodorous discharge. Up to February, 1910, no vaginal examination had been made. February 18th she engaged Dr. F. LeRoy Satterlee, who examined and found a very narrow vagina, the cervix pushing up the bladder, filled with a cauliflower growth. The fundus could not be replaced. February 23, 1910, abdominal hysterectomy. The pathologist reported "typical medullary carcinoma of the uterus, etc. Nothing abnormal in the broad ligaments."

The questions of interest in this case are: Was the absence of disease from the broad ligaments due to the extreme torsion of retroversion? What is the prognosis in a women at sixty-eight years? and how much more favorable the prognosis had the uterus been removed some months or years earlier?

Fourth Danger: Delay, through failure to make a correct diagnosis, leads to minor operation, where radical extirpation was imperatively indicated.

Case V.—Mrs. H. (34), aged forty-two years; menstruated at seventeen (delayed four years); six children. On account of excessive, irregular flow, her physician curetted the uterus and repaired a lacerated cervix. Six weeks later the flow recurred and continued, off and on, for the past six weeks. Backache not relived by pessary; had lost flesh and strength and usual activity. November

30, 1908, at the Jamaica Hospital, vaginal removal of the uterus, and a cystic right ovary. Pathologist's diagnosis: Carcinoma corporis uteri. While this patient is now in good health, how much better and safer, had she been examined at the approximate age and the enlarged, retroverted uterus removed.

Fifth Danger: Delay, the patient refusing to follow our advice for thirteen years, operation too late.

Case VI.—Mrs. B. (2), menses at fifteen; VIpara. For five years (from 1890 to 1895) had been running down. Since her forty-fifth year she had been flowing a little each month; for the past three months, excessively, every two weeks; and during the past three weeks continuously, light in color, clotted and with a slight odor (delayed menopause). Uterus five inches deep, markedly thickened, tender, roomy. On July 30, 1895, fearing beginning malignant disease I advised hysterectomy. September 3, 1908, (thirteen years later) she wrote me that the menses had stopped at her fifty-third year (eleven years' delay). Two years later the flow began again. September 30, 1908, at the Deaconess Home, the uterus was found well above the brim, too firmly fixed on the right to be removed *per vaginam*. It was excised through the suprapubic route. The floor of the bladder was infiltrated and unintentionally opened; attempted closure failed, primarily and at subsequent operation. The patient died, something over a year later, having suffered all the tortures of malignant disease and a vesicovaginal fistula.

Sixth Danger: Delay, due to the delusion that after the menopause atrophy of a fibroid uterus will follow, as in:

Case VII.—Dangerous anæmia, hæmorrhage from a fibroid uterus. Miss S. (57). Menses at thirteen, now forty-five years old, (menopause due from forty-four to forty-six). Owing to irregular, excessive flow during the past year, she had broken down in health and strength and was unable to work. Anæmia extreme, hæmoglobin forty per cent. August 15th she was put in bed and hæmic tonics with excess feeding administered. In one month the hæmoglobin rose to eighty-five per cent. September 15, 1909, at the Jamaica Hospital, the large, fibroid uterus was removed by the abdominal route. Three months later she was in excellent health and resumed her regular literary occupation. Had this course been pursued earlier, she

would have been saved six months or more of salary, to say nothing of the mental and physical anguish. The patient remarked "that in fibroid tumors drugs are a delusion and a snare."

Seventh Danger: Delaying operation for fibroma, results in severe oligocythæmia and oligochromæmia, which seriously undermines the patient's general condition and handicaps her for subsequent hysterectomy, even in those who have not attained the approximate age, as in:

Case VIII.—Mrs. R. (1.869 R), æt. thirty-three on January 14, 1904, for four months had been losing an excessive amount of blood. During the next three months hæmostatic drugs were administered in full doses, even to ergotism, without controlling the flow, the patient in the mean time becoming progressively more and more anæmic, finally consented to operation on April 20, 1904, at her home. The uterus was removed by abdominovaginal hysterectomy, but she succumbed two days later, a victim to her own willful delay.

Eighth Danger: Delaying the removal of a fibromatous uterus; result—malignant degeneration of the tumor and—death.

Case IX.—Mrs. C. (47), æt. about fifty-five years, on March 25, 1901, complained of pain over the whole abdomen which was distended by a fluctuating tumor especially prominent on the right side, and projecting downward filling the whole pelvic cavity. The temperature (101° F.) obscured the diagnosis, and led me to evacuate through the vagina, more than a quart of debris consisting of disintegrated fibroid, clots, and fluid, followed by collapse of the tumor. The small uterus lay to the left. In spite of rubber tube and gauze drainage the tumor rapidly refilled and on May 20, 1901, the mass was removed through a cœliotomy opening; but some of the gelatinous material must have entered the peritoneal cavity, which again refilled; and she died June 15, 1901. Pathologist's report, Sarcoma.

How may these dangerous delays and sequelæ be avoided? By early education, early examination, early rectification, early extirpation.

Delayed menopause is most frequently due to or associated with uterine obstruction as we pointed out in a paper read before this Society last year (*Medical Record,* lxxvii, p. 661, April 16, 1910), wherein by an analysis of 185 cases the writer endeavored to show the important part played by obstruction to the uterine outflow, menstrual and intermenstrual, and that whether due to flexions, versions, or fixation, it is the most common cause of menstrual pain, menstrual irregularities, and menstrual headaches; tubal disease and tubal pregnancy, post abortum and post partum toxæmia and septichaemia, and pelvic peritonitis. The treatment therein described had for its object permanent relief by permanent drainage secured by the introduction of a fenestrated, rubber uterine drain, and appropriate operations on the annexa. I again, most emphatically, reiterate my well grounded conviction that every menstruating woman, at whatever age, can be, is entitled to be, and should be promptly treated on these lines for any and all menstural irregularities, pelvic pains, backache, headaches, etc., and not only for the relief of these distressing symptoms, but as a means of "heading off" the more serious danger—the development of benign (?) or malignant neoplasms.

Prophylaxis: It is in the hope of preventing women from drifting into the whirlpool, so near at hand and ready to engulf them, that we have been forced, much against my will, to accept early prophylactic removal of the uterus as the only sure means of securing immunity for those who have passed the approximate age with menopause delayed, especially in view of the facts, a, that the woman has been sterile for several years; b, that she has reached the practical limit of the child bearing span; c, that the uterus, now a troublesome.

useless organ, is still capable of lighting up a disease which only "death's bright angel" can extinguish.

The following cases exemplify the advisability of such a course:

Case X.—Mrs. K. (10), æt. thirty-eight, menses at twelve, had five living children. Ever since the birth of the second child, twelve years ago, she had suffered from a very severe flow, the periods recurring at twenty-six, twenty-eight, thirty-one day intervals, and for ten days is so excessive as to necessitate the use of blankets instead of napkins to absorb the flow. The large, heavy, retroverted uterus was firmly fixed in the sacral hollow, and could not be replaced bimanually. Owing to the fact that her grandmother died at sixty-five years of cancer of the womb, and her mother at forty-five years, of the same disease, it seemed to me that to leave this uterus *in situ* would be to jeopardize, unnecessarily and unjustifiably, a life so valuable and essential to her five children; it was therefore removed by the vaginal route, on May 17, 1905, and the patient has been healthy and happy in the knowledge that this danger, like the sword of Damocles, no longer hangs over her devoted head. (*Journal of the American Medical Association,* xlvii, p. 1357, 1906.)

Prophylactic hysterectomy for external prolapse of the uterus and bladder.

Case XI.—Mrs. Y. (3); æt. forty-two, menses at sixteen (menopause delayed two years), regular, moderate, with cramps. Examination: The uterus and bladder protruded from the vulva three inches for two years past; causing pain in the right groin and sacral region; perinæum lacerated in second degree, with a right oblique inguinal hernia. April 16, 1902, the uterus with its appendages was removed *per vaginam.* Excision of the whole vagina was proposed, but her drunken husband would not consent, and within a year the cystocele recurred; otherwise she was free from pain and discomfort.

Prophylactic hysterectomy for excessive hemorrhage due to syphilis:

Case XII.—Mrs. W. (396 R), æt. thirty-nine, menses at eleven; first hæmorrhage eight years ago, second two years ago; during the past year she had flowed from every sec-

ond to eighth week, for from ten to fourteen days. Diagnosis: Tertiary syphilis. During the succeeding year (1896-7) the hæmorrhages would cease or diminish directly in proportion to the amount of potassium iodide she could be induced to take, but she obstinately refused to follow any line of medical treatment, though she was informed of the why and wherefor. In despair, she was referred to a hospital, where the pathological diagnosis, from scrapings was malignant disease (endometritis), and the uterus removed by vaginal hysterectomy. I had sent her to this particular hospital in the hope that they would pursue this very wise course. After operation there was no evidence of malignant disease discovered in the uterus; and of course no hæmorrhage, but two years later she returned a typical locomotor ataxic, dying, five years later, in one of our charitable institutions.

Though this woman had not reached the approximate age the case illustrates the proper procedure, at any age over thirty-five, under similar circumstances.

In cases, simulating delayed menopause, due to cervical or intrauterine polypi, though at times these growths seem to be the forebears of malignant disease, hysterectomy would hardly be indicated.

When examining women one must not overlook the bleeding which comes from urethral caruncle, fissure in ano, or internal hæmorrhoids, and wrongly suggest neoplasm.

In conclusion we submit the following propositions relative to delayed menopause—

1. The menopause, in women with healthy reproductive organs, should be established abruptly, at an age ratio dependent upon the age when menstruation first began—early if begun late, late if begun early. This age can be approximately determined, and used as a guide in estimating when the menopause may be expected to occur.

2. The menopause is delayed whenever menstruation continues after the approximate age and is

always found to be associated with flexion, version, fixation, neoplasm, tubal disease, or syphilis, etc.

3. In delayed menstruation the greatest, *pathological* danger lies in the presence or promotion of the growth of fibroid or malignant tumors. The *contributory* dangers are due to delay: 1. The patient failing to consult a physician; refuses examination; or refuses operation. 2. The physician delays examination; fails to diagnosticate the condition: fails to recognize the importance of early operation; deludes himself and the patient in the belief that the flow will cease, the fibroid atrophy and time will work miracles; forgetting that the grave alone can silence, cover, and conceal these victims of his delay.

4. The danger signals in delayed menopause are: 1. Atypical menstruation; 2, hæmorrhage; 3, malodorous discharge; and, 4, pain, which if disregarded lead to disaster and death.

5. At the approximate age the woman has reached the limit of fecundity, therefore the *prophylactic* removal of a useless, probably dangerous, tumor breeding organ is justifiable, and the one sure method of putting an end to all the dangers.

6. The large number of incurable cases of carcinoma uteri, degenerated fibroids, malignant ovarian and broad ligament cystoma, even in early life, warn us to instruct mothers to teach their daughters the *dangers of delay* whenever they suffer from dysmenorrhœa, menorrhagia, metrorrhagia, leucorrhœa, abdominal tumors, etc., especially after they have passed the approximate age.

540 Madison Avenue.